

# CRAIGE & FOX PLLC

ATTORNEYS & COUNSELORS AT LAW

LAWRENCE S. CRAIGE  
CHARLOTTE NOEL FOX\*  
JENNIFER M. RODEN\*\*  
CARA R. COOK

\*NC Dispute Resolution Commission Certified Mediator

\*\*NC Board Certified Specialist in Elder Law

National Elder Law Foundation Certified Elder Law Attorney

701 Market Street  
Wilmington, NC 28401  
Telephone: (910) 815-0085  
Facsimile: (910) 815-1095  
[www.craigeandfox.com](http://www.craigeandfox.com)

February 20, 2024

E.Desmond Hogan  
Joe Cavanaugh  
HOGAN LOVELLS US LLP  
555 Thirteenth Street NW  
Washington, DC 20004

***Re: Estate of Kenneth Snead; New Hanover County File No.: 19-E-44***


Dear Mr. Hogan and Mr. Cavanaugh,

I hope this letter finds you doing well. Enclosed please find a copy of the Affidavit of Charlotte Noel Fox to be filed with the Eastern District of North Carolina United States District Court.

Please contact attorney Charlotte Noel Fox with any questions.

Sincerely,

CRAIGE & FOX, PLLC

By:   
Kathryn L. Barden  
Administrative Assistant

Enclosures as stated

---

## PRACTICE AREAS

Elder Law / Estate Administration / Estate Planning

Fiduciary Litigation / Guardianships / Municipal Law

EASTERN DISTRICT OF NORTH CAROLINA

FILE NO. 5:15-CV-451-BO

UNITED STATES DISTRICT COURT

J. DUANE GILLIAM, Guardian of the )  
Estate of Leon Brown, RAYMOND C. )  
TARLTON, Guardian Ad Litem for )  
Henry C. McCollum, KIMBERLY )  
PINCHBECK, as Limited Guardian and )  
Conservator of the Estate of Henry Lee )  
McCollum, )

Plaintiffs, )

-vs- )

ROBESON COUNT, TOWN OF RED )  
SPRINGS, KENNETH SEALY, both )  
Individually and in his Official Capacity )  
As Sherriff of Robeson County, LARRY )  
FLOYD, LEROY ALLEN, PAUL )  
CANADY, Administrator of C.T.A. of )  
The Estate of Luther Haggins, ROBERT )  
PRICE, Administrator C.T.A. of the )  
Estate of Joel Locklear, Sr., CHARLOTTE )  
NOEL FOX, Administrator of the Estate of )  
Kenneth Snead, )  
Defendant. )

AFFIDAVIT OF  
CHARLOTTE NOEL FOX

Affiant, Charlotte Noel Fox, first being duly sworn, deposes, avers and says:

1. My name is Charlotte Noel Fox, and my office is located at 701 Market Street, Wilmington, NC 28401.
2. I am the New Hanover County Public Administrator and am serving in that capacity for the Estate of Kenneth Snead.
3. On May 19, 2020, I filed a 90 Day Inventory showing \$0.00 assets in the Estate (See attached Exhibit A).
4. On February 17, 2021, I filed an Annual Account showing \$0.00 assets in the Estate (See attached Exhibit B).
5. On February 11, 2022, I filed an Annual Account showing \$0.00 assets in the Estate (See attached Exhibit C).
6. On February 9, 2023, I filed an Annual Account showing \$0.00 assets in the Estate (See attached Exhibit D).

7. On February 12, 2024, I filed an Annual Account showing \$0.00 assets in the Estate (See attached Exhibit E).
8. I am unaware of any assets available for satisfaction of any judgment or claim.

This, the 20<sup>th</sup> day of February, 2024.

  
\_\_\_\_\_  
CHARLOTTE NOEL FOX  
Affiant

\_\_\_\_\_  
STATE OF NORTH CAROLINA

\_\_\_\_\_  
COUNTY OF NEW HANOVER

I, Hannah Creighton, a Notary Public, do hereby certify that Charlotte Noel Fox, the Affiant, personally appeared before me this day and acknowledged the due to execution of the foregoing Affidavit.

Witness my hand and notarial seal this 20<sup>th</sup> day of February, 2024.

NOTARY PUBLIC

MY COMMISSION EXPIRES: 6/04/2028

Hannah Creighton NOTARY PUBLIC New Hanover County, NC
---

**CERTIFICATE OF SERVICE**

It is hereby certified that on the 20<sup>th</sup> day of February, 2024, I have served a copy of the attached:  
Affidavit of Charlotte Noel Fox.

- ☒ by placing said copy in a postpaid envelope, addressed to the person(s) hereinafter named, at the place and address stated below, which is the last known address, and by depositing said envelope and its contents in the United States Post Mail and Electronic Mail as follows:

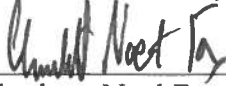
E. Desmond Hogan  
Joe Cavanaugh  
HOGAN LOVELLS US LLP  
555 Thirteenth Street NW  
Washington, DC 20004  
Email: joe.cavanaugh@hoganlovells.com  
ATTORNEY FOR PLAINTIFFS

Geoffrey A. Planer  
Attorney for Defendant, Vernon Leroy Allen, Jr.  
Planer Law Firm  
P.O. Box 1596  
216 S. Marietta Street  
Gastonia, NC 28053-1596  
(704) 864-0235  
(704) 864-3396-Fax  
N.C.S.B.#:6338  
general@planerlawfirm.com

- ☐ by via facsimile said copy hereof to each said party addressed as follows:
- ☐ by hand delivery said copy to person(s) hereinafter named:

**CRAIGE & FOX, PLLC**

By: \_\_\_\_\_

  
Charlotte Noel Fox  
N.C. Bar No. 32678  
701 Market Street  
Wilmington, NC 28401  
Telephone: (910) 815-0085  
Facsimile: (910) 815-1095  
cnfox@craigeandfox.com

EXHIBIT

A

STATE OF NORTH CAROLINA

File No

19-E-144

New Hanover

County

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

## IN THE MATTER OF THE ESTATE OF

Name Of Decedent

Kenneth R. Snead, Sr.

INVENTORY  
FOR DECEDENT'S ESTATE

G.S. 28A-15-2, 28A-20-1

**IMPORTANT:** File within three (3) months after qualifying. Itemize and give values as of date of decedent's death. Continue on additional sheet if necessary.

I, the undersigned personal representative, being duly sworn, say that to the best of my knowledge the following is a just, true, and perfect inventory of all the real and personal property of the decedent named above, which has come into my hands or into the hands of any person for me as personal representative of the estate.

## PART I. PROPERTY OF THE ESTATE

	VALUE
1. Accounts In Sole Name Of Decedent (List bank, etc., each account no., and balance.)	\$ 0.00
2. Joint Accounts <u>Without</u> Right Of Survivorship (List bank, etc., each account no., balance, and joint owners.)	
	% Owned By Decedent
	% Owned By Decedent
	% Owned By Decedent
3. Stocks And Bonds In Sole Name Of Decedent Or Jointly Owned <u>Without</u> Right Of Survivorship (Identify each type of security and give market value of all securities of that type, e.g., 100 shares of XYZ Corp. common stock at 37-1/4. \$3,725)	
	% Owned By Decedent
	% Owned By Decedent
	% Owned By Decedent
	% Owned By Decedent
	% Owned By Decedent
4. Cash And Undeposited Checks On Hand	
5. All Other Personal Property (e.g., vehicles, household furnishings, farm products, equipment, tools)	
6. Real Estate Willed To The Estate, Directed By The Will To Be Sold, And Sold (Attach legal description and proceeds of sale for each parcel.)	
ADDITIONAL AMOUNT CARRIED OVER FROM ATTACHMENT (if applicable)	\$
TOTAL PART I. (Costs apply to this total)	\$ 0.00
7. Real Estate Willed To The Estate, Directed By The Will To Be Sold, And Not Sold (Attach legal description of each parcel and give fair market value at date of death.)	
8. There <input checked="" type="checkbox"/> is <input type="checkbox"/> is not a pending lawsuit that involves the decedent.	



(Over)

AOC-E-505, Rev. 5/19

© 2019 Administrative Office of the Courts

PART II. PROPERTY WHICH CAN BE ADDED TO ESTATE IF NEEDED TO PAY CLAIMS			
1. Joint Accounts With Right Of Survivorship <i>(List each account; give names of other joint owners and total amount on deposit in each account; attach copy of deposit contract/signature card unless already attached to application.)</i>	VALUE		
	\$		
2. Stocks/Bonds/Securities Jointly Owned With Right Of Survivorship Or Registered In Beneficiary Form And Automatically Transferable On Death <i>(Identify each type of security and give market value of all securities of that type, e.g., 100 shares of XYZ Corp. common stock at 37-1/4... \$3,725.)</i>			
3. Other Personal Property Recoverable (G S 28A-15-10)			
4. Real Estate Except Entireties Property, Life Estate And Real Estate Willed To Estate <i>(List legal description and give fair market value of each parcel of decedent's interest at date of death.)</i>			
TOTAL PART II. \$			

PART III. CLAIMS FOR WRONGFUL DEATH			
There <input type="checkbox"/> is <input checked="" type="checkbox"/> is not a potential claim for wrongful death arising under G S. 28A-18-2. The following attorney, if any, has been retained to file the action, and the civil action, if any, has been filed in the following court or jurisdiction:			
Name And Address Of Attorney		State And County Or Federal District Court Jurisdiction	
Telephone No		Case No	
Signature Of Fiduciary	Title	Signature Of Co-Fiduciary, If Any	Title
 Administrator			
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME	
Date 5/19/20	Signature Of Person Authorized To Administer Oaths 	Date	Signature Of Person Authorized To Administer Oaths
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court	
<input checked="" type="checkbox"/> Notary    Date My Commission Expires 07/22/2024		<input type="checkbox"/> Notary    Date My Commission Expires	
SEAL    County Where Notarized New Hanover		SEAL    County Where Notarized	





## STATE OF NORTH CAROLINA

File No

19-E-144

New Hanover County

In The General Court Of Justice  
Superior Court Division Before The Clerk

## IN THE MATTER OF THE ESTATE OF

## ACCOUNT

Name

Kenneth Snead

☒ ANNUAL ☐ FINAL☒ Deceased☐ Minor☐ Adult Ward☐ Trust

G S 28A-21-1, -21-2 -21-3 -23-1, 35A-1264 -1266

I, the undersigned representative, being first duly sworn, say that the following is a complete and accurate account of my receipts disbursements and other transactions as representative of this estate or trust.

Accounting Period From

2/21/2020

Extending To

2/15/2021

Date Of Death

01 11 2019

NOTE: If Date Of Death is prior to January 1 2013  
do not use this version of the form. Instead,  
use the Rev 12/17 version of the form

## PART I. SUMMARY

1. Subtotal Personal Property on Inventory or Subtotal Personal Property Held/Invested as Shown on Last Account	\$	0.00
2. Minus Loss from Sale of Personal Property when Compared to Value Listed on Inventory or Prior Account (Include or attach explanation )	\$	-
3. SUBTOTAL	\$	0.00
4. Plus Total Receipts as Shown on Reverse [Part III.] (costs apply to this amount)	+	\$ 0.00
5. TOTAL ASSETS	\$	0.00
6. Minus Disbursements (Debts or Expenses) as Shown on Reverse [Part IV.]	-	\$ 0.00
7. SUBTOTAL	\$	0.00
8. Minus Distributions (Inheritance to Heirs) as Shown on Reverse [Part V.]	-	\$ 0.00
9. BALANCE AT END OF ACCOUNTING PERIOD (When filing Final Account, this should equal zero.)	\$	0.00

## PART II. BALANCE HELD OR INVESTED

(Complete ONLY when filing an Annual Account with assets remaining in the Estate.)

	Account No.	Balance
1. On Deposit in Banks, etc.		\$
		\$
		\$
2. Invested in Securities, etc.		\$
3. Tangible Personal Property		\$
4. SUBTOTAL - PERSONAL PROPERTY		\$
5. Real Estate Willed to the Estate and Not Sold (fair market value at date of death)	\$	
6. Real Estate Acquired by the Estate Under G.S. 28A-15-1		\$
7. Other		\$
TOTAL BALANCE HELD OR INVESTED (Must equal Balance shown in Part I. above)		\$ 0.00

Name And Address Of Fiduciary ☐ Change Of AddressCharlotte Noel Fox  
Craig & Fox, PLLC  
701 Market St.  
Wilmington, NC 28401Name And Address Of Co-Fiduciary ☐ Change Of Address

Signature Of Fiduciary

Title Administrator

Signature Of Co-Fiduciary

Title

## SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date 2/16/21 Signature Of Person Authorized To Administer Oaths

☐ Deputy CSC☐ Assistant CSC☐ Clerk Of Superior Court

Date Commission Expires

07/22/2024

☒ Notary

County Where Notarized

New Hanover

SEAL

## SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date Signature Of Person Authorized To Administer Oaths

☐ Deputy CSC☐ Assistant CSC☐ Clerk Of Superior Court

Date Commission Expires

☐ Notary

County Where Notarized

SEAL

## OUTCOME OF AUDIT BY CLERK AND ORDER

Bond? ☒ Yes, reviewed ☐ Not applicable☒ The above account has been audited by me and the vouchers or verified proofs submitted in support were examined. The account is ☒ approved ☐ disapproved.☐ As this is the final account, the fiduciary is discharged.

Date 2-17-2021

Signature

Jackie H. Harn

☒ Assistant CSC☐ Clerk Of Superior Court

AOC-E-506, Rev 5/19

© 2019 Administrative Office of the Courts

(Over)

**PART III. RECEIPTS**

- NOTES:** 1 Rent from real property not willed to the estate goes to the heirs and is not a receipt of the estate  
2 List loans to the estate for the purpose of paying claims  
3 If a sale of personal property results in a gain over the value listed on the Inventory (AOC-E-505), list the gain as a receipt. If a sale results in a loss as compared to the value listed on the Inventory, report the loss on Side One, Part I of this form  
4 Do not report, as a receipt, changes in value (when compared to the value listed in the Inventory) of items which have not been sold.  
5 If any real property willed to the estate has been sold, report the entire proceeds as a receipt  
6 If any real property not willed to the estate has been sold in a special proceeding to create assets with which to pay claims of the estate, report as a receipt only that portion of the proceeds received from the Commissioners (the balance not needed to pay claims of the estate is distributed in the special proceeding)

Date	Received From	Description	Amount Or Value
			\$

**NOTE:** The AOC-E-506 Part III Continuation may be used as an attachment. Sum Total From Attachment(s), If Any \$  
TOTAL PART III. \$ 0.00

**PART IV. DISBURSEMENTS (Debts or Administrative Expenses)**

- NOTES:** 1 Disbursements are expenditures of and for the estate and do not include expenses regarding real property not willed to the estate  
2 List payments to creditors out of loans to the estate, or reimbursements by the estate to persons who had directly paid creditors of the estate.  
3 Provide copies of receipts, cancelled or imaged checks, or other satisfactory detailed proof of payments

Date	Paid Or Disbursed To	Description	Amount Or Value
			\$

**NOTE:** The AOC-E-506 Part IV Continuation may be used as an attachment. Sum Total From Attachment(s), If Any \$  
TOTAL PART IV. \$ 0.00

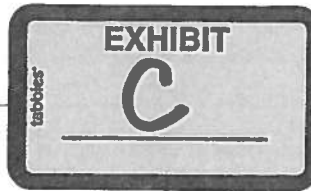
**PART V. DISTRIBUTIONS (Inheritance to Heirs)**

- NOTES:** 1 Provide copies of receipts, cancelled or imaged checks, or other satisfactory detailed proof of delivery or distribution  
2 Attach itemized description of unrealized gains or losses or assets not sold but distributed. Do not include unrealized gain or loss amounts in Total Part I.

Date	Distributed To	Amount
		\$ 0.00

**NOTE:** The AOC-E-506 Part V Continuation may be used as an attachment. Sum Total From Attachment(s), If Any \$  
TOTAL PART V. \$ 0.00





## STATE OF NORTH CAROLINA

File No

19-E-144

New Hanover County

In The General Court Of Justice  
Superior Court Division Before The Clerk

## IN THE MATTER OF THE ESTATE OF

Name

Kenneth Sneed

## ACCOUNT

☒ ANNUAL ☐ FINAL

G S 28A-21-1 -21-2 -21-3 -23-1, 35A-1264, -1266

☒ Deceased ☐ Minor ☐ Adult Ward ☐ Trust

I, the undersigned representative being first duly sworn, say that the following is a complete and accurate account of my receipts disbursements and other transactions as representative of this estate or trust

Accounting Period From

2/16/2021

Extending To

27\_022

Date Of Death

01 11 2019

NOTE: If Date Of Death is prior to January 1, 2013 do not use this version of the form. Instead use the Rev. 12/17 version of the form

## PART I. SUMMARY

1. Subtotal Personal Property on Inventory or Subtotal Personal Property Held/Invested as Shown on Last Account	\$	0.00
2. Minus Loss from Sale of Personal Property when Compared to Value Listed on Inventory or Prior Account (Include or attach explanation.)	-	\$
3. SUBTOTAL	\$	0.00
4. Plus Total Receipts as Shown on Reverse [Part III.] (costs apply to this amount)	+	\$
5. TOTAL ASSETS	\$	0.00
6. Minus Disbursements (Debts or Expenses) as Shown on Reverse [Part IV.]	-	\$
7. SUBTOTAL	\$	0.00
8. Minus Distributions (Inheritance to Heirs) as Shown on Reverse [Part V.]	-	\$
9. BALANCE AT END OF ACCOUNTING PERIOD (When filing Final Account, this should equal zero.)	\$	0.00

## PART II. BALANCE HELD OR INVESTED

(Complete ONLY when filing an Annual Account with assets remaining in the Estate.)

1. On Deposit in Banks, etc.	Account No.	Balance
		\$
		\$
		\$
2. Invested in Securities, etc.		\$
3. Tangible Personal Property		\$
4. SUBTOTAL - PERSONAL PROPERTY		\$
5. Real Estate Willed to the Estate and Not Sold (fair market value at date of death)	\$	
6. Real Estate Acquired by the Estate Under G.S. 28A-15-1		\$
7. Other		\$
TOTAL BALANCE HELD OR INVESTED (Must equal Balance shown in Part I. above)		\$ 0.00

Name And Address Of Fiduciary ☐ Change Of AddressCharlotte Noel Fox  
Craig & Fox, PLLC  
701 Market St.  
Wilmington, NC 28401Name And Address Of Co-Fiduciary ☐ Change Of Address

Signature Of Fiduciary

Title

Administrator

Signature Of Co-Fiduciary

Title

## SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

2/7/22

Signature Of Person Authorized To Administer Oaths

☐ Deputy CSC☐ Assistant CSC☐ Clerk Of Superior Court

Date Commission Expires

01/02/2027

☒ Notary

County Where Notarized

New Hanover

SEAL

## SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

Signature Of Person Authorized To Administer Oaths

Allison L. Bailey

☐ Deputy CSC☐ Assistant CSC☐ Clerk Of Superior Court

Date Commission Expires

☐ Notary

County Where Notarized

SEAL

## OUTCOME OF AUDIT BY CLERK AND ORDER

Bond? ☒ Yes, reviewed. ☐ Not applicable.☒ The above account has been audited by me and the vouchers or verified proofs submitted in support were examined. The account is ☒ approved ☐ disapproved☐ As this is the final account, the fiduciary is discharged.

Date

2-11-2022

Signature

☒ Assistant CSC☐ Clerk Of Superior Court

AOC-E-506 Rev 5/19

(Over)

© 2019 Administrative Office of the Courts

### PART III. RECEIPTS

- NOTES:** 1 Rent from real property not willed to the estate goes to the heirs and is not a receipt of the estate  
 2 List loans to the estate for the purpose of paying claims  
 3 If a sale of personal property results in a gain over the value listed on the Inventory (AOC-E-505) list the gain as a receipt. If a sale results in a loss as compared to the value listed on the Inventory report the loss on Side One Part I of this form  
 4 Do not report, as a receipt, changes in value (when compared to the value listed in the Inventory) of items which have not been sold  
 5 If any real property willed to the estate has been sold report the entire proceeds as a receipt  
 6 If any real property not willed to the estate has been sold in a special proceeding to create assets with which to pay claims of the estate report as a receipt only that portion of the proceeds received from the Commissioners (the balance not needed to pay claims of the estate is distributed in the special proceeding)

Date	Received From	Description	Amount Or Value
			\$

**NOTE:** The AOC-E-506 Part III Continuation may be used as an attachment. **Sum Total From Attachment(s), If Any** \$

**TOTAL PART III.** \$ 0.00

### PART IV. DISBURSEMENTS (Debts or Administrative Expenses)

- NOTES:** 1 Disbursements are expenditures of and for the estate and do not include expenses regarding real property not willed to the estate  
 2 List payments to creditors out of loans to the estate or reimbursements by the estate to persons who had directly paid creditors of the estate.  
 3 Provide copies of receipts, cancelled or imaged checks, or other satisfactory detailed proof of payments

Date	Paid Or Disbursed To	Description	Amount Or Value
			\$

**NOTE:** The AOC-E-506 Part IV Continuation may be used as an attachment. **Sum Total From Attachment(s), If Any** \$

**TOTAL PART IV.** \$ 0.00

### PART V. DISTRIBUTIONS (Inheritance to Heirs)

- NOTES:** 1 Provide copies of receipts, cancelled or imaged checks, or other satisfactory detailed proof of delivery or distribution  
 2 Attach itemized description of unrealized gains or losses or assets not sold but distributed. Do not include unrealized gain or loss amounts in Total Part I.

Date	Distributed To	Amount
		\$ 0.00

**NOTE:** The AOC-E-506 Part V Continuation may be used as an attachment. **Sum Total From Attachment(s), If Any** \$

**TOTAL PART V.** \$ 0.00

STATE OF NORTH CAROLINA  
COUNTY OF NEW HANOVER

IN THE GENERAL COURT OF JUSTICE  
SUPERIOR COURT DIVISION  
BEFORE THE CLERK  
FILE NO.: 19-E-144

In the Matter of the Estate of:

KENNETH SNEAD,

Deceased.

**AFFIDAVIT FOR  
ANNUAL ACCOUNT**

NOW COMES, Charlotte Noel Fox, Administrator of the Estate of Kenneth Snead, being first duly sworn, deposes and says that:

1. Kenneth Snead (the "Decedent") passed away on January 11, 2019.
2. On February 17, 2020, the Assistant Clerk of Superior Court of New Hanover County filed an Order appointing Charlotte Noel Fox as the Public Administrator of the Estate of Kenneth Snead.
3. On February 21, 2020, Charlotte Noel Fox duly qualified as Administrator of the Estate of Kenneth Snead.
4. The Estate is a Defendant in a pending lawsuit (Wake County File 22CVS646) and the Estate cannot be closed until the lawsuit is settled.

This, the 21<sup>st</sup> day of February, 2022.

**CRAIGE & FOX, PLLC**

*Charlotte Noel Fox*

Charlotte Noel Fox  
Administrator for the  
Estate of Kenneth Snead  
NC State Bar # 32678  
701 Market Street  
Wilmington, NC 28401  
Telephone: (910) 815.0085  
Fax: (910) 815.1095

A TRUE COPY  
CLERK OF SUPERIOR COURT  
NEW HANOVER COUNTY  
BY: Jackie G. Gross  
Asst. Clerk of Superior Court

STATE OF NORTH CAROLINA

COUNTY OF NEW HANOVER

I, Allison L. Bailey, a Notary Public in and for said County and State, hereby certify that Charlotte Noel Fox, Administrator of the Estate of Kenneth Snead, personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed.

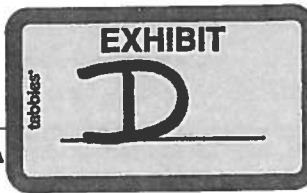
WITNESS my hand and official seal this, the 7 day of February, 2022.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: 1/2/2027

Allison L. Bailey NOTARY PUBLIC Pender County, NC
---





## STATE OF NORTH CAROLINA

File No.

19-E-144

New Hanover County

In The General Court Of Justice  
Superior Court Division Before The Clerk

## IN THE MATTER OF THE ESTATE OF

Name

Kenneth Snead

## ACCOUNT

☒ ANNUAL ☐ FINAL☒ Deceased ☐ Minor ☐ Adult Ward ☐ Trust

G.S. 28A-21-1, -21-2, -21-3, -23-1; 35A-1264, -1266

I, the undersigned representative, being first duly sworn, depose that the following is a complete and accurate account of my receipts, disbursements and other transactions as representative of this estate or trust.

Accounting Period From

2/8/2022

Extending To

2/8/2023

Date Of Death

01/11/2019

NOTE: If Date Of Death is prior to January 1, 2013, do not use this version of the form. Instead, use the Rev. 12/17 version of the form.

## PART I. SUMMARY

1. Subtotal Personal Property on Inventory or Subtotal Personal Property Held/Invested as Shown on Last Account	\$	0.00
2. Minus Loss from Sale of Personal Property when Compared to Value Listed on Inventory or Prior Account (Include or attach explanation.)	- \$	
3. SUBTOTAL	\$	0.00
4. Plus Total Receipts as Shown on Reverse [Part III.] (costs apply to this amount)	+	\$ 0.00
5. TOTAL ASSETS	\$	0.00
6. Minus Disbursements (Debts or Expenses) as Shown on Reverse [Part IV.]	- \$	0.00
7. SUBTOTAL	\$	0.00
8. Minus Distributions (Inheritance to Heirs) as Shown on Reverse [Part V.]	- \$	0.00
9. BALANCE AT END OF ACCOUNTING PERIOD (When filing Final Account, this should equal zero.)	\$	0.00

## PART II. BALANCE HELD OR INVESTED

(Complete ONLY when filing an Annual Account with assets remaining in the Estate. Do not list account nos.)

1. On Deposit in Banks, etc.	Balance
	\$
	\$
	\$
2. Invested in Securities, etc.	\$
3. Tangible Personal Property	\$
4. SUBTOTAL - PERSONAL PROPERTY	\$
5. Real Estate Willed to the Estate and Not Sold (fair market value at date of death)	\$
6. Real Estate Acquired by the Estate Under G.S. 28A-15-1	\$
7. Other	\$
TOTAL BALANCE HELD OR INVESTED (Must equal Balance shown in Part I. above)	\$ 0.00

Name And Address Of Fiduciary ☐ Change Of AddressCharlotte Noel Fox  
Craig & Fox, PLLC  
701 Market St.  
Wilmington, NC 28401Name And Address Of Co-Fiduciary ☐ Change Of Address

Signature Of Fiduciary

Title

Administrator

Signature Of Co-Fiduciary

Title

## SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date 2/9/23 Signature Of Person Authorized To Administer Oaths

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court

Date Commission Expires

01/02/2027

☐ Notary

County Where Notarized

New Hanover

SEAL

## SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date Signature Of Person Authorized To Administer Oaths

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court

Date Commission Expires

☐ Notary

County Where Notarized

SEAL

## OUTCOME OF AUDIT BY CLERK AND ORDER OF

Bond? ☒ Yes, reviewed. ☐ Not applicable.☒ The above account has been audited by me and the vouchers or verified proofs submitted in support have been examined. The account is ☒ approved ☐ disapproved.☐ As this is the final account, the fiduciary is discharged.

Date

2-9-2023

Signature

Jackie H. Gross

☒ Assistant CSC☐ Clerk Of Superior Court

AOC-E-506, Rev. 6/21

© 2021 Administrative Office of the Courts

(Over)

**PART III. RECEIPTS**

- NOTES:** 1. Rent from real property not willed to the estate goes to the heirs and is not a receipt of the estate.  
2. List loans to the estate for the purpose of paying claims.  
3. If a sale of personal property results in a gain over the value listed on the Inventory (AOC-E-505), list the gain as a receipt. If a sale results in a loss as compared to the value listed on the Inventory, report the loss on Side One, Part I of this form.  
4. Do not report, as a receipt, changes in value (when compared to the value listed in the Inventory) of items which have not been sold.  
5. If any real property willed to the estate has been sold, report the entire proceeds as a receipt.  
6. If any real property not willed to the estate has been sold in a special proceeding to create assets with which to pay claims of the estate, report as a receipt only that portion of the proceeds received from the Commissioners (the balance not needed to pay claims of the estate is distributed in the special proceeding).

Date	Received From	Description	Amount Or Value
			\$

**NOTE:** The AOC-E-506 Part III Continuation may be used as an attachment. Sum Total From Attachment(s), If Any \$  
TOTAL PART III. \$ 0.00

**PART IV. DISBURSEMENTS (Debts or Administrative Expenses)**

- NOTES:** 1. Disbursements are expenditures of and for the estate and do not include expenses regarding real property not willed to the estate.  
2. List payments to creditors out of loans to the estate, or reimbursements by the estate to persons who had directly paid creditors of the estate.  
3. Provide copies of receipts, cancelled or imaged checks, or other satisfactory detailed proof of payments.

Date	Paid Or Disbursed To	Description	Amount Or Value
			\$

**NOTE:** The AOC-E-506 Part IV Continuation may be used as an attachment. Sum Total From Attachment(s), If Any \$  
TOTAL PART IV. \$ 0.00

**PART V. DISTRIBUTIONS (Inheritance to Heirs)**

- NOTES:** 1. Provide copies of receipts, cancelled or imaged checks, or other satisfactory detailed proof of delivery or distribution.  
2. Attach itemized description of unrealized gains or losses or assets not sold but distributed. Do not include unrealized gain or loss amounts in Total Part V.

Date	Distributed To	Amount
		\$

**NOTE:** The AOC-E-506 Part V Continuation may be used as an attachment. Sum Total From Attachment(s), If Any \$  
TOTAL PART V. \$ 0.00